

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Supplement to
Attachment 3.1-A

State of Colorado

LIMITATIONS TO CARE AND SERVICES

7. Home Health Services

- | | | |
|----|--|------------------------|
| a. | Skilled nursing services provided by a home health agency, or by a registered nurse when no home health agency exists in the area. | Sample post-pay review |
| b. | Home health aide services provided by a home health agency. | Sample post-pay review |
| c. | Physical therapy services provided by a home health agency. | Sample post-pay review |
| d. | Occupational therapy services provided by a home health agency. | Sample post-pay review |
| e. | Speech/language pathology services provided by a home health agency. | Sample post-pay review |
| f. | Medical supplies, equipment and appliances suitable for use in the home. | Sample post-pay review |

Effective January 1, 2000, maximum daily limit of \$223 per day for long term home health; or \$285 per day for acute home health, as defined in 10 CCR 2505-10, and based upon type and cost of long term home health services (primarily aide visits) and acute home health services (primarily nursing visits). These maximums will be adjusted in accordance with appropriated rate changes.

00-003

SUPERSEDES TN# 96-007 APPROVAL DATE 6/19/00 EFFECTIVE DATE 01/01/00

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State of Colorado

LIMITATIONS TO CARE AND SERVICES

8. Private Duty Nursing Services

Private Duty Nursing is face-to-face skilled nursing that is more individualized and continuous than the nursing care that is available under the Home Health benefit or routinely provided in a hospital or nursing facility. Private Duty Nursing is provided in the home, or outside of the home when normal life activities take the client away from the home. Private Duty Nursing shall not be reimbursed in a hospital or nursing facility.

To be eligible for Private Duty Nursing, a Medicaid client must be technology-dependent and must meet medical criteria that have been developed by the Colorado Peer Review Organization.

The amount of Medicaid-reimbursed Private Duty Nursing per day may not exceed the hours per day that are determined necessary under the medical criteria, or twenty hours per day, whichever is less. Clients who meet the medical criteria for more than twenty hours per day may exceed the twenty hour service limit, up to the amount of medical need, under special circumstances which include recent hospital discharges, acute episodes, and temporary absence or incapacity of the primary family/in-home caregiver.

For EPSDT clients, Private Duty Nursing will be provided on request up to the amount of medical need, whether or not technology is present.

All Private Duty Nursing services must be prior authorized.

TRANSMITTAL NO. 98-001
Date Approved 03/13/98
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Supersedes Transmittal 88-19

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LIMITATIONS TO CARE AND SERVICES

9. CLINIC SERVICES

Provided in a licensed community mental health center or clinic;

Provided by a certified health agency, "certified health agency" means a county/district or regional health department or local board of health established under State law that is certified by the Colorado Department of Health. Services provided must be medically necessary and include obstetrical services, and/or EPSDT medical screening services. Services must be provided by a licensed qualified non-physician practitioner, certified nurse-midwife or a physician;

Provided in an ambulatory surgical center that has an agreement with HCFA under Medicare to participate as an ASC, and meets the conditions set forth in the Act. Covered surgical procedures are those groupings of surgical procedures approved by HCFA. Additional surgical procedures may be included as approved by the Department of Social Services.

Drug and alcohol treatment provided to a substance abusing pregnant woman who is at risk of a poor birth outcome. Approved services must be provided in a facility which is not a part of a hospital but is organized and operated as a freestanding alcohol or drug treatment program approved and certified by the Division of Alcohol and Drug Abuse of the Department of Health pursuant to Section 25-1-207 (1) (c), C.R.S. or in a facility which is not a part of a hospital but is organized and operated as a school-based clinic.

Allowable services under the clinic option are limited to: risk assessment, case management, drug/alcohol individual and group therapy, and health maintenance group.

TN No. 92-25

Approval Date 9/8/92

Effective Date 4/1/92

Supersedes

TN No. 89-08

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Supplement to
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STATE OF COLORADO

LIMITATIONS TO CARE AND SERVICES

11.c. Services for individuals with speech hearing and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

1. Diagnostic procedures provided by an audiologist for the purpose of determining general hearing levels or for the distribution of a hearing device are non-benefit services.

2. Speech pathology services provided for simple articulation or academic difficulties that are not medical or surgical in origin are non-benefit services.

TN No. 93-017 Approval Date 10/12/93 Effective Date 07/01/93
Supersedes
TN No. NEW

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Supplement to
Attachment 3.1-A

State of Colorado

LIMITATIONS TO CARE AND SERVICES

12.a. Prescribed drugs

Must be covered outpatient legend drug by any manufacturer participating in the Medicaid drug rebate program that is prescribed for a medically accepted indication with exceptions as follows:

1. Must be approved drug or prior authorized if subject to permissible restrictions.
2. Over-the-counter drugs covered are aspirin, insulin, and those prior authorized.
3. Covered drugs where prior authorization has been deemed necessary to address individual instances of fraud or abuse.
4. Drugs not covered by rebate agreements may be reimbursed only if State has made a determination that the availability of the drug is essential, such drug has been given 1-A rating by FDA, and prior authorized.

TN No. 92-6

Supersedes

TN No. 91-08

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Supplement to
Attachment 3.1-A

State of Colorado

LIMITATIONS TO CARE AND SERVICES

12.c. Prosthetic Devices

May be prior authorized as
medically necessary for adult
clients and for clients of the
EPSDT Program.

TN 98-010

Approval Date 12/9/98

Effective Date 07/01/98

Supercedes
TN 96-003

81-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAMSupplement to
Attachment 3.1-A

State of Colorado

12.d. Eyeglasses and
Contact lenses

.For the Early Periodic Screening, Diagnosis, and Treatment Program, one or two single or multi-focal clear glass lenses, one standard frame, repair or replacement of plain eyeglasses due to broken standard frames or clear glass lenses; dispensing fee and materials are benefits. When recipient desires options that have additional costs, the amount reimbursed by the State for standard frames and clear glass lenses will be applied to the total cost of these services, and the provider will be permitted to charge the recipient for the remaining amount not paid by Medicaid. This also applies to repair or replacement of broken eyeglasses.

.Contact lenses must be prior authorized for the early periodic screening, diagnosis, and treatment program.

.Following eye surgery.

ST. Col SA Approved 6/12/81
RO Approved 8/19/81 Effective 4/1/81

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Obsoluted	<u>74-9</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Supplement to
STATE OF COLORADO Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

13 . d. Rehabilitative Services

Limited to mental health services provided by a community mental health center or clinic that is licensed pursuant to section 25-3-102 C.R.S., as meeting the standards, rules, and regulations promulgated by the Colorado Department of Institutions, or by Residential Treatment Centers licensed pursuant to 26-6-104 C.R.S., and meeting the standards and regulations promulgated by the Colorado Department of Social Services.

TN No. 98-006

Supersedes

TN No. 94-015

Approval Date 07/23/98

Effective Date 07/01/98

81-4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
DIVISION OF MEDICAL ASSISTANCE

State of Colorado

Supplement to
Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

17.a. Other Care-Transportation

- .PA (prior authorization) needed for non-emergency transportation unless the attending physician certifies the transportation's medical necessity.
- .Emergency transportation must be certified by attending physician for medical necessity.
- .Transportation provided only to those medical services which are a benefit of the Colorado Title XIX program.

ST. Colo CA Approved 2-20-81
RO Approved 10-22-81 Effective 1-1-81

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Supp. to Att. 3.1-A

State Plan under Title XIX of the Social Security Act
Medical Assistance Program

Supplement to Attachment 3.1-A
Page 1 of 2

Targeted Case Management Services for
Persons with a Developmental Disability

Item #19

A. Target Group:

Medicaid recipients who have been determined by a Community Centered Board to have a developmental disability and are actively enrolled in a program under contract with Developmental Disabilities Services (DDS) including the Home and Community-Based Services waiver for the developmentally disabled (HCB-DD), Supported Living Services waiver (SLS), Children's Extensive Support waiver (CES), Early Intervention Services, or State SLS services. Excluded are children with developmental disabilities or delays enrolled in the Children's Medical Waiver and the Children's HCBS waiver, or adults with developmental disabilities who are enrolled in other Medicaid waiver programs, such as HCBS-EBD program, or persons residing in Class I nursing facilities or ICF-MR, or persons receiving services from Community Centered Boards which are not under State contract with Developmental Disabilities Services programs.

B. Area of State in which services will be provided:

(X) Entire State

C. Comparability of Services:

(X) Services are not comparable in amount, duration and scope. Authority of section 1915 (g) (1) is invoked to provide services without regard to the requirements of section 1902 (a) (10) (B) of the Act.

D. Definition of Services:

Targeted Case Management services to this population will consist of intake activities and ~~eligibility determination for developmental disabilities services~~ ^{developmental disabilities service eligibility determination}; facilitating enrollment; locating, coordinating, and monitoring needed developmental disabilities services; and coordinating with other non-developmental disabilities funded services, such as medical, social, educational and other services to ensure non-duplication of services and monitor the effective and efficient provision of services across multiple funding sources. Targeted Case Management services will involve at least one activity regarding the individual each month in which Targeted Case Management services are billed for one or more of the following purposes: coordinating the completion of assessments for determination of the need for services; facilitating the Individualized Plan development; locating and coordinating developmental disabilities services identified in the Individualized Plan; making referrals to other service systems; monitoring and reviewing goals and services identified in the Individualized Plan; advocating for entry into a program; providing counsel (e.g. choices of programs available) and support to prepare for entry, transfer or termination from a program; notification and documentation for intended actions (e.g. Individualized Plan staffing notices), or termination from services or transfer to other necessary services.

98-011
12/01/98
7/01/98